FORM D

03019428

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

RECEIVED (1)

122564

Prefix Serial

DATE RECEIVED

OMB Number:

Expires: May 31, 2002

Estimated average burden hours per response... 1

OMB Approval

3235-0076

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION DESCRIPTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Capitol Trading Solutions, LLC Filing Under (Check box([]	[X]	[] Section 4(6)	[] ULOE	
Type of Filing: [X] New Fil	ing [] Amendment					·
	A	. BASIC IDENTIFIC	ATION D	ATA		
1. Enter the information	requested about the issu	ier				
Name of Issuer ([]check Capitol Trading Solutions, LLC		and name has changed	, and indic	cate change.)		
Address of Executive Offices (Number and Street, City, State, Zip Code) 62 Remsen Ave. Monsey, NY 10952				hone Number (Including A 30-2501	\rea Code)	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)			Telep	Telephone Number (Including Area Code) PROCESS		
(if different from Executive 0	Offices)					- WOOLDDEL
Brief Description of Business	Software Developm	nent				APR 03 2003
Type of Business Organiz	ation		3.30			
[] corporation	ype of Business Organization] corporation [] limited partnership, already formed [x] other (please specify): limited liability co. The specific partnership, to be formed.				ility co. THOMSON	
[] business trust	[] limited partne	ership, to be formed				" "VANCIAL
		Month	Year			

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under 15 U.S.C. 77d(6).

Actual or Estimated Date of Incorporation or Organization:

or Section 4(6), 17 CFR 230.501 et seq. or

[X] Actual [] Estimated

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

CN for Canada; FN for other foreign jurisdiction) [N] [Y]

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

- Edon gonoral and managing pa	rator of paratorothy location.		
Check Box(es) that Apply:[] Promoter	[X] Beneficial Owner [] Executive Officer of G.P.	[] Director	[X] General and/or Managing Partner
Full Name (Last name first, if individua Silverberg, Stu	1)		
Business or Residence Address (Num 62 Remsen Ave. Monsey, NY 10952	ber and Street, City, State, Zip Code)		
Check Box(es) that Apply:[] Promoter	[X] Beneficial Owner [] Executive Officer of G.P.	[] Director	[X] General and/or Managing Partner
Full Name (Last name first, if individua Silverberg, Jeff	1)		
Business or Residence Address (Number 62 Remsen Ave. Monsey, NY 10952	ber and Street, City, State, Zip Code)		
Check Box(es) that Apply:[] Promoter	[X] Beneficial Owner [] Executive Officer of G.P.	[] Director	[X] General and/or Managing Partner
Full Name (Last name first, if individua Ottavio, Dan	l)		
Business or Residence Address (Numl 62 Remsen Ave. Monsey, NY 10952	per and Street, City, State, Zip Code)		
Check Box(es) that Apply:[] Promoter	[X] Beneficial Owner [] Executive Officer of G.P.	[] Director	[X]General and/or Managing Partner
Full Name (Last name first, if individua Condon, Christopher	l)		
Business or Residence Address (Numl 62 Remsen Ave. Monsey, NY 10952	ber and Street, City, State, Zip Code)		
Check Box(es) that Apply:[] Promoter	[] Beneficial Owner [] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individua	1)		
Business or Residence Address (Num	ber and Street, City, State, Zip Code)		
Check Box(es) that Apply:[] Promoter	[] Beneficial Owner [] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individua	1)	,	
Business or Residence Address (Numl	ber and Street, City, State, Zip Code)		
Check Box(es) that Apply:[] Promoter	[] Beneficial Owner [] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individua	1)		 -
Business or Residence Address (Numl	ber and Street, City, State, Zip Code)		

													Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?.								[]	[X]					
Answer also in Appendix, Column 2, if filing under ULOE.								.						
2. What is the minimum investment that will be accepted from any individual?								\$100						
	-	-			n its sole nership (ion. _I le unit?.						Yes []	No [X]
ind wit a bro	directly, th sales broker oker or	any co of sec or deal dealer	ommissi urities ir er regis . If mor	on or son the off stered were than the	imilar re ering. If ith the t five (5)	emunera a perso SEC an persons	tion for n to be li d/or with to be li	solicitation sted is a state is sted are	will be pon of pure associated associated or deale	rchasers ated per es, list that ated per	s in conson son or a name	nection agent of of the		
Full	Name (Last na	me first	, if indiv	idual)									
Busi	ness or	Reside	ence Ad	dress (N	Number	and Stre	et, City,	State, Z	ip Code)					
Nam	ne of As	sociate	d Broke	er or Dea	aler									···
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AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
MT] [RI]	[NE]	[NV] [SD]	(NH) [TN]	[UJ] [XT]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
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													[] All \$	States
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IL] MT]	[IN] [NE]	[IA] [NV]	[KS]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
RI]	[SC]	[SD]	[NH] [TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[OH] [WV]	[WI]	[WY]	(' ^) [PR]		
				, if indiv			[474]	TANK	- 1 4 4 4 1	Taarii .	[441]	1, 1,7		
Busi	ness or	Reside	ence Ad	dress (N	Number	and Stre	et, City,	State, Z	ip Code)	<u></u>	<u>.</u>			
Nam	e of As	sociate	d Broke	er or Dea	aler									
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AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]		
IL]	(IN)	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet or copy and use additional copies of this sheet as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ <u>0</u>	\$ <u>0</u>
	Equity	\$ <u>0</u>	\$ <u>0</u>
	[] Common [] Preferred		
	Convertible Securities (including warrants)	\$ <u>0</u>	\$ <u>0</u>
	Partnership Interests	\$ <u>0</u>	\$ <u>0</u>
	Other (Specify: <u>LLC Units</u>)	\$ 6,000	\$ 6,000
	Total	\$ 6,000	\$ 6,000
	Answer also in Appendix, Column 3, if filing under ULOE.	:	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$ 6,000
	Non-accredited Investors	0	\$ 0
	Total (for filings under only)		\$
3.	If this filing is for an offering under or , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	-	\$
			\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees.	[X]	\$ <u>0</u>
	Printing and Engraving Costs	[X]	\$ 0
	Legal Fees	[X]	\$ 5,000
	Accounting Fees	[X]	\$ 0
	Engineering Fees	[X]	\$ 0
	Sales Commissions (specify finders' fees separately)		\$ <u>0</u> \$ <u>0</u>
		[X]	\$ <u>0</u> \$ 0
	Other Expenses (identify)	[X]	
	Total	[X]	\$ 5,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF	INVESTORS, EXPENSES AND	USE OF PROC	CEEDS	
to F	inter the difference between the aggregate ofference and total expenses furnisestion 4.a. This difference is the "adjusted gross"	hed in response to Part C -		\$ <u>1,000</u>	
prop purp esti	cate below the amount of the adjusted gross ploosed to be used for each of the purposes soose is not known, furnish an estimate and character. The total of the payments listed must beeds to the issuer set forth in response to Par	shown. If the amount for any leck the box to the left of the st equal the adjusted gross			
			Payments to Officers, Directors, & Affiliates	Payments To Others	
	Salaries and fees		[X]\$ <u>0</u>	[X] \$ <u>0</u>	
	Purchase of real estate		[X] \$ <u>0</u>	[X] \$ <u>0</u>	
	Purchase, rental or leasing and installation of	machinery and equipment.	[X] \$ <u>0</u>	[X] \$ <u>0</u>	
	Construction or leasing of plant buildings and	facilities	[X] \$ <u>0</u>	[X] \$ <u>0</u>	
	Acquisition of other businesses (including the this offering that may be used in exchange for another issuer pursuant to a merger)	r the assets or securities of	[X] \$ <u>0</u>	[X] \$ <u>0</u>	
	Repayment of indebtedness		[X] \$ <u>0</u>	[X] \$ <u>0</u>	
	Working capital		[X] \$ 0	[X] \$ 1,000	
	Other (specify):		[X]\$ 0		
				[X] \$ <u>0</u>	
	Column Totals		[X \$ <u>0</u>	[X] \$ <u>0</u>	
	Total Payments Listed (column totals added)		[X] \$ <u>1</u>	,000	
	D. FE	DERAL SIGNATURE	1.114.29		
Comm	uer has duly caused this notice to be signed b , the following signature constitutes an unde ssion, upon written request of its staff, the i nt to paragraph (b)(2) of	ertaking by the issuer to furnish	to the U.S. Sec	urities and Exchange	
	(Print or Type)	Signature	Date	1	
Capito	Trading Solutions, LLC	Ite dily	13/2	1/03	
Name	of Signer (Print or Type)	Title of Signer (Print or Type)	,	1	
Stu Sil	verberg	Manager			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)